



P.O. Box 1810, Wilmington, NC 28402
Phone (910)341-7822 Fax (910)254-0906
payments@wilmingtonnc.gov

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH)

Please select one of the following:

☐

First time request for ACH payments

☐

Request to change ACH payment information

(Please print or type all information)

The following bank information applies to:

Vendor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Bank Account Information: I hereby authorize the City of Wilmington to initiate deposits to the **CHECKING** Account described below: (No Savings Accounts)

Bank Name: _____

Address: _____

City/State: _____

Routing/ABA Number _____

Bank Account Number _____

Voided Check/W-9 **Please provide a copy of a voided check or bank documentation** so that we may verify the account number and routing number when entering into our system. **Attach W-9.**

Deposit Notification Information: I hereby authorize the following individual to receive notification via email of the payment details for all funds deposited to the above account:

Name (Printed or Typed): _____

Email Address: _____

Title: _____

Phone #: _____

Term: This change in payment method may take up to 14 days to occur. Payments will continue in the previous method until this change takes effect. This authority will remain in full force and effect until the City of Wilmington has received written notification of discontinuation and in such manner as to afford the City of Wilmington and Depository a reasonable opportunity to change the payment method.

Officer Name (Printed or Typed) _____

Signature: _____

Title: _____

Phone #: _____

Date: _____